



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR ACH/EFT APPLICATION**

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (Including State Employee)

INSTRUCTIONS ON REVERSE SIDE

DESCRIPTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		
TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> 1 = FED BUS ID <input type="checkbox"/> 2 = SSN	TAXPAYER ID NUMBER	VENDOR NUMBER (11 DIGITS)
VENDOR NAME (30 CHARACTERS MAXIMUM)		LEGAL NAME OF ENTITY OR INDIVIDUAL (30 CHARACTERS MAXIMUM)
ADDRESS		TELEPHONE NUMBER WITH AREA CODE () -
CITY	STATE	ZIP CODE

SECTION B: TO BE COMPLETED BY STATE EMPLOYEE ONLY (Other Vendor Skip This Section)

HOME ADDRESS		HOME PHONE NUMBER () -
CITY	STATE	ZIP CODE

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR (Including State Employee)

FINANCIAL INSTITUTION NAME		IF CHANGE PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME
FINANCIAL INSTITUTION ADDRESS		FINANCIAL INSTITUTION TELEPHONE NUMBER () -
CITY	STATE	ZIP CODE
DEPOSITOR ROUTING NUMBER		IF CHANGE PLEASE INDICATE PREVIOUS ROUTING NUMBER
DEPOSITOR ACCOUNT NUMBER		IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER
DEPOSITOR ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING		

SECTION D: FINANCIAL INSTITUTION CERTIFICATION

I certify that the above Depositor Routing Number and Depositor Account Number to be true and accurate for the Vendor.

FINANCIAL INSTITUTION NAME	AUTHORIZED SIGNATURE	DATE
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SECTION E: VENDOR AUTHORIZATION

☐ I (we) hereby authorize the State of Missouri, to initiate credit entries to my (our) account indicated above at the depository financial institution named above, and to credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the State of Missouri, Office of Administration has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.

☐ I (we) hereby cancel my/our ACH/EFT authorization.

AUTHORIZED VENDOR REPRESENTATIVE OR STATE EMPLOYEE SIGNATURE	DATE
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SECTION F: STATE AGENCY USE ONLY

I have reviewed the Vendor information for completeness and accuracy.

AUTHORIZED AGENCY SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION G: OFFICE OF ADMINISTRATION USE ONLY

I have reviewed and entered the above information.

SIGNATURE	DATE	VERIFICATION SIGNATURE	DATE
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VENDOR ACH/EFT APPLICATION INSTRUCTIONS

Fill in the appropriate boxes as described below.

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (Including State Employee)

DESCRIPTION

Check the appropriate box for this submission.

TAXPAYER ID TYPE

Check **1** if your taxpayer ID is a Federal Employers Identification Number (FEIN) or **2** if your taxpayer ID is a Social Security Number (SSN).

TAXPAYER ID NUMBER

Enter the FEIN or SSN associated with the legal name of the entity or individual.

VENDOR NUMBER (11 DIGITS)

If known, enter the vendor number assigned to your business or individual by the State of Missouri.

VENDOR NAME

Enter the name of the entity or individual: **Individual** – Enter your name (Last Name, First Name and Middle Initial);

Sole Proprietor – Enter name of Business; **Corporation** – Enter your Doing Business As (DBA) name; **Other** – Enter your entity's name.

LEGAL ENTITY NAME

Enter Legal Name of Entity or Individual as filed with IRS: **Individual** – Enter your name (Last Name, First Name and Middle Initial);

Sole Proprietor – Enter owner's name (Last Name, First Name and Middle Initial); **Corporation** – Enter your name as it appears on the charter or other legal document creating it and as filed with the IRS; **Other** – Enter your entity's name as filed with the IRS.

ADDRESS

Enter your mailing address.

TELEPHONE NUMBER

Enter your telephone number with area code.

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the street address.

SECTION B: TO BE COMPLETED BY STATE EMPLOYEE ONLY

HOME ADDRESS

Enter your home address.

HOME PHONE NUMBER

Enter your home phone number.

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the address.

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER

Enter in this information provided to you by your bank.

NOTE: If this is a request for a "CHANGE" please provide your previous financial institution name in the space provided.

DEPOSITOR ROUTING NUMBER

Enter your financial institution's routing number.

NOTE: If this is a request for a "CHANGE" please provide your previous routing number in the space provided.

DEPOSITOR ACCOUNT NUMBER

Enter your account number.

NOTE: If this is a request for a "CHANGE" please provide your previous account number in the space provided.

DEPOSITOR ACCOUNT TYPE

Please select type of account (savings or checking).

SECTION D: FINANCIAL INSTITUTION CERTIFICATION

FINANCIAL INSTITUTION CERTIFICATION

Application must be signed by a representative of your bank after bank verification.

NOTE: If this section of the application is not completed the application will be returned and not processed.

SECTION E: VENDOR AUTHORIZATION

VENDOR AUTHORIZATION

Must be signed by an authorized representative or state employee before application can be processed by the Office of Administration, Division of Accounting.

MAILING INSTRUCTIONS

Fax completed application to the Office of Administration at 573-526-9813. If you do not have access to a fax machine, mail the completed application to the **Office of Administration, Division of Accounting, Truman State Office Building, PO Box 809, Jefferson City, MO 65102**. The application may also be mailed to agency you are doing business with at this time for processing.

GENERAL INSTRUCTIONS

If the applicable sections of this application are not complete, the application will not be processed by the Office of Administration, Division of Accounting.

ACH transactions will be effective approximately one month after the application is approved by the Office of Administration, Division of Accounting.

Changing Financial Institution or Depositor Account (within the same Financial Institution) – All deposits will continue to be deposited into your present account until the Office of Administration, Division of Accounting has been notified that you have changed your banking information, at which time you will need to submit a new Vendor ACH/EFT Application making sure to check the appropriate "CHANGE" box at the top of the form and completing the applicable fields on this form.

NOTE: Failure to obtain the Financial Institution Certification may result in delayed payments to vendor. Do not close an old account until the first transaction has been deposited into your new account.